DOCUMENT RESUME

ED 256 479 PS 015 075

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TITLE Mothers, Toddlers and Care.
PUB DATE Apr 85
NOTE 20p.; Paper presented at the Special Workshop of the Cleveland Center for Research in Child Development (Cleveland, OH, March 1984) and at the Michigan Infant Mental Health Conference (Ann Arbor, MI, April 20-21, 1985).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Behavior Problems; *Child Caregivers; Child Development; *Day Care; Early Childhood Education; *Family Day Care; Family Problems; *Mothers; *Parent Child Relationship; Personality Development; *Toddlers
IDENTIFIERS *Caregiver Role; Parent Caregiver Relationship; Parent Child Separation

ABSTRACT

Exploring the stresses and dangers substitute mothering may pose to a toddler's personality development, this paper points out behavioral hallmarks of toddlerhood, describes the main developmental tasks toddlers have to master, and discusses factors that facilitate healthy development during this phase. Special emphasis is given to the most crucial factor: the role of the mother-toddler relationship. Subsequent discussion focuses on ways substitute mothering may affect the primary mother-child bond, what happens when the separation of mother and child overtaxes the mother's and the child's stress tolerance and interferes with their relationship, and how substitute mothering can be adapted to lessen inherent stresses and perhaps avoid ill effects. (RH)

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MOTHERS, TODDLERS AND CARE *

by Erna Furman **

* This paper was first presented at the Special Workshop of the Cleveland Center for Research in Child Development in March 1984, Cleveland, and has been presented at a number of other conferences, including the Michigan Infant Mental Health Conference in April 1985.

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MOTHERS, TODDLERS AND CARE

Erna Furman

We had much difficulty in deciding on the title for this workshop and this, no doubt, reflects our difficulty or unease in fitting together this threesome. It is easy to think "Mothers and Toddlers," not so easy to think of mothers and toddlers and someone third be- because they don't go together so well, not in words and not in deeds. Perhaps many of you share our concerns about care for toddlers, in your capacity as mothers who have involved someone else in your child's care, or are planning to do so, or in your capacity as care workers, in centers or homes, who are actually providing care for toddlers and have struggled with the inherent difficulties or are planning to undertake such a task. It is indeed a difficult topic. In addressing it honestly and thoughtfully we shall inevitably deal with some issues that may be distressing. I hope you will not be put off by that but will bear with me and think with me. Our goal is not to cause discomfort but to explore the stresses and dangers which substitute-mothering may pose to a toddler's personality development, and to discuss whether we can minimize them and how to go about it.

With this in mind we shall first remind ourselves what a toddler actually is, describe the main developmental tasks he or she has to master, and discuss the factors which facilitate healthy development during this phase, focusing especially on the most crucial factor, namely the role of the mother-toddler relationship. We shall then explore ways in which substitute-mothering may affect the primary mother-child bond, what happens when substitute-mothering overtaxes the mother's and child's tolerance for the stress and interferes with development, and, last, how we can adapt substitute-mothering to lessen the inherent stresses and perhaps avoid ill effects.

What is a toddler?

A toddler toddles. He is mobile, he is on the go. He can choose to stay with us, to leave us, to come back. This characterizes the state of the toddler's development as a person. Unlike the younger baby who cannot, of his own accord, leave the mothering person literally and who also mentally can hardly exist without her as a person, the toddler has begun to view self and mother as separate people.

The behavioral hallmarks of the toddler's beginning development of the self are his wish and ability to take over some of his care, to meet some of his own needs. The baby begins to become a toddler

when he can feed himself, with fingers, cup and spoon; when he can, to an extent, comfort himself and make himself feel good, by using a part of his own body, such as thumbsucking, and by using a "transitional object," (1) a blankie or soft toy that he has made his very own, because it links him to mother and bridges the gap between them; and when he can recognize and dislike pain and discomfort, can protest, can make them known to his mothering person and seek and accept comfort from her, saying, though not in all these words, "I am hurting, I don't like it, I want you to know and I trust you to make it better." The young toddler not only wants to do for himself what he already can do (pushes away mother's arm when she tries to feed him or refuses to open his mouth for her spoon feeding, screams and struggles at being picked up when he can walk and later yells, "Don't carry me.") He also wants to do for himself a host of things that he cannot yet do so well or that mother doesn't trust him to do well--be it getting the cookie box off the shelf, turning on the water faucets, crossing the street. The unrelenting zest for "me do, me by myself" provides enormous pleasure, especially when it leads to mastery, and also brings anger and frustration when it is interfered with.

At the same time mother has begun to matter as a person. The older baby recognizes her as different from everyone else and thinks about and looks for her mainly when a need arises. When he gets closer to being a toddler, mother's part in meeting his needs is so special that he often foregoes need-fulfillment when she cannot minister to him, even when others do it in much the same way--doesn't want to eat, or go to sleep or be cleaned up or "kissed better" when she does not do it with him. This means the infant has reached that crucial developmental point when the relationship with the person has begun to be more important than the way his needs are met. Now mother's companionship, their social interactions and feelings for each other are THE thing. Everything mother does with her toddler means a lot and he observes everything she does without him and wants to do it with her and like her, cooking, cleaning, talking on the phone. He even <u>stops</u> doing some things or does them <u>her</u> way for the sake of keeping her love and for the pleasure of becoming like her. At the same time, her presence and her good feeling for him are also necessary to sustain his zest for independence, his wish to do for himself and even his wish to get away and to turn to others for additional fun, to Dad and siblings and other family members. When she is not there, the harbor is gone and venturing out feels less safe and less fun. Without her, the toddler's activity becomes less purposeful and his achievements may crumble.

Not surprisingly, toddlers often want to leave mother or send her away, but don't want <u>her</u> to leave <u>them</u>. Yet, for stretches of time and under favorable circumstances, toddlers can keep mother in

mind during her absence and can keep their feelings for her and with her. This enables them to relate to a mother-substitute and to maintain their own personality achievements during limited periods of separation.

It takes a lot of healthy mental and physical endowment on the child's part and a lot of good mothering on the mother's part to grow from a baby into a toddler. We usually see significant indications of this developmental achievement by the first half of the second year.

The main developmental tasks of the toddler phase

We often say of a thriving child, "He's all put together." In the case of a toddler this describes very aptly that he is succeeding in the business of putting his self together, body and soul. This implies not only that he develops the many new functions, activities and skills we shall enumerate, but that he comes to know them and to enjoy them, that he values them and makes them his very own, fits them together and uses them for purposeful functioning, for coping with himself and his world and for interacting with others. It is not enough when a toddler knows how to walk and to manipulate things with his hands. He has to enjoy his motor-control, has to make it a precious part of his "me" and has to want to use it for himself, be it to run to mother or push her away, to retrieve his teddy, to put on his shoes, to make his way in the world. It is only when a toddler can invest and use all these parts of himself that they can afford him satisfaction, and it is only when he can integrate them into a coherent idea of self, of "me," that they can contribute to his self-esteem. To be "put together" means not only that one thinks of oneself and functions as a whole person but also that one likes oneself. A toddler who develops a sense of self and of self-esteem is a person who is "with it," a person who has zest and initiative, a will to master, and has fun as well as pride in doing so. We can tell him from a compliant automaton who does what he is made to do, from the chronically contrary, ill-humored child who only wants to do the opposite, and from the incompetent, bewildered child who responds to most situations by feeling overwhelmed and helplessly falls apart.

Among the many new personality parts the toddler has to develop and encompass are the use of large and small muscles for effective motor-control, the use of language for thinking and purposeful communication, a grasp of the outer outline of his body, of where it begins and ends, including the parts he can't see, such as his behind (when toddlers first learn to wipe themselves they usually aim for the general area but later, when their behind has really become part of their body concept, they manage to touch the exact place). And because

he likes his body he learns to avoid common dangers and shows or tells his caretakers about specific discomforts, a scratch or bruise or sore ear, and solicits their help. He even extends his sense of ownership to his clothes and possessions, recognizes, treasures and looks out for them. He also gets to know what goes on inside his body, differentiates his needs and knows what to do about them, to eat when hungry, to sleep when tired, to control elimination. A wish for and mastery of self-care become manifest in proficient self-feeding, in considerable accomplishments in self-dressing and washing, in falling asleep on his own, and in independent toileting. He makes most important strides in the area of feelings which are no longer simply pleasurable or unpleasurable sensations but become more subtly varied and modulated, and which are no longer only discharged bodily but experienced mentally and increasingly recognized, tolerated, even named and shared in words--happy, mad, lonely, excited, sad, envious, bad, good. Along with these steps we see new interests in play, such as blocks and tricycles, rhymes and songs, which serve to practice skills, and dress-up and role play which serve to differentiate himself from others, to interact with them, and to "put himself in their shoes," to try out how it feels to be like them.

This brings us to another aspect of the toddler's personality development, namely the new and different way he relates to his mother and the tasks he has to accomplish in the context of this relationship. The young toddler's lack of consideration for others is well known, as he grabs things from other youngsters and even steps on them to reach something or to go somewhere. Equally well known is his unattenuated intense mixture of love and aggression for those closest to him, especially his mother. Both feelings manifest themselves together in his aggressive hugs and in the twinkle in his eye when he teases and torments her; each is expressed alternately when he lovingly cuddles her one moment and attacks and rages at her the next, or when he angrily sends her away and wants to exchange her for a better mommy, perhaps over just a minor frustration. These characteristics do not change of themselves. The hallmark of the toddler's achievement is to tame and tone down his raw aggression and to overcome his self-centeredness for the sake of mutual love. He learns to maintain his loving feelings and loyalty in spite of disappointments, to transform his rage into anger and to express it without harming his loved one. In doing so the toddler brings about a real change in the nature of his impulses, in his ability to tolerate frustrations and in self-control. At the same time this makes his relationships more stable and consistent, makes him more considerate, and paves the way for new and more mature relationships with peers and adults. Most important, it enables him to take into himself admired aspects of the parent's personality and thereby to enrich his own. A toddler who has taken this step masters his toileting because he wants to be clean the way his mother is and is pleased with himself

when he is like her. Having made cleanliness into his own valued thing, he will extend it to his possessions, his room, his schoolwork, his job, and take pride in it. A toddler who has not taken this step may become toilet-trained, but his achievement will not add to his self-esteem, is apt to be unreliable and easy subject to regression under stress. He is not likely to extend cleanliness to other areas and will consider cleaning up as a nasty chore at best. Cleanliness will not be truly his own. This ability to take in attitudes and ideals through a relationship and to make them a permanent part of one's own self is crucial for later learning, for character development and effective conscience formation. Without it, all such gains tend to be unstable; what is there one day may be lost the next, or enables him to function in one setting but not in another.

What does the toddler's personality development depend on?

Obviously it depends on many factors, such as good health, an adequate bodily and intellectual endowment, reasonable stability in his physical environment, space and safety to be active in it, and a large measure of good luck. Above all, however, his development depends on a continuous enough and good enough relationship with the mothering person who has helped him to become a toddler in the first place.[1] This relationship is the crucial facilitating factor. It does not mean that the mother needs to be perfect or that she should actually be with her toddler every minute. It means that she thinks of herself as his mother always and feels responsible for his well-being at all times, even when she is not with him. It means that she has invested herself in him as a part of herself and as her loved person. This special ongoing inner bond with her toddler usually enables her to gauge whether and when he is ready to be without her, with whom and for how long, how he feels and copes when he is away from her, how to reunite with him, and how to bridge the gap of separation by sharing their mutual feelings and individual experiences, what they did and what all happened. If, during a separation, the child cannot keep his inner tie with the mother, he cannot continue to make developmental gains and may lose what he had already acquired. If the mother cannot maintain her inner tie with her toddler, she may lose her capacity to progress in her maternal development, may get stuck at relating to him at the current level and fail to appreciate his changing needs. For example, we often see that a mother who is with her toddler only at night, continues to care for him as if he were an infant. She may even regress in her mothering ability and lose touch with her child and, in extreme cases, may cease to function as

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[1] The "mother" in the context of this presentation is the mothering person or primary caretaker, not necessarily the biological parent.

a mother with him. Even their physical reunion may not serve him or her to reestablish the vital link. For example, one day at her daycare center anotner child suddenly bit Mary's arm. She made no response. Even when her careworker, who happened to see the incident, rushed over to comfort her, Mary remained completely impassive. At pick-up time, when the careworker told Mary's parent, showed her the toothmarks and apologized, Mary remained expressionless, while the parent remarked, "Well, she used to bite so I guess it serves her right." The parent had lost her feelings for and with the child, just as Mary had lost her own.

Mothering is not a given. The ability to enter the developmental phase of parenthood (2) and to progress adequately as a parent depends in no small measure on the ongoing mutual interactions with the growing child. The child's response to the mother and their physical togetherness is almost as important to the mother's development as it is to the child's. Klaus and Kennell's work (3) has highlighted the value of post-natal contact with the baby for the mother's "bonding." But this holds true not only for the first few days. All mothers need to be with their infants and care for them actively to get their mothering under way and to achieve that special stable investment in the child which enables them to help their child grow and to grow with him, and to maintain their mothering ability during separations. Mothers vary in how much togetherness, caring and interaction they require to facilitate their maternal development, they vary in how long it takes them and in the extent to which separations from the child endanger it. For most mothers,however, the child's toddler phase is still a vulnerable period during which insufficient opportunity for ongoing active mothering may interfere in the nature and consistency of their ability to parent effectively and cause lasting damage to its further development. We tend to be more aware of the child's need of his mother than of the almost equally important mother's need of her child to assure harmonious growth. I am not implying that being with the child is the only factor in maternal development or that other factors cannot seriously impede it, but wish to stress that it is a very crucial, often neglected factor and one we need to keep in mind especially in considering the role and effects of substitute-mothering for young children.

I also wish to stress that the concept of a mother's stable investment in her child, the hallmark of mothering, has nothing to do with the currently fashionable term "quality care vs. quantity care." Being "all there" for the child at certain times, at times especially set aside for that purpose, is a most desirable attitude in those who maintain additional relationships with a young child, such as fathers, grandmothers, babysitters, or at a later time, teachers. They fulfill their function by being fully invested in their role with the child at specified times but can essentially go about their own business at

other times. Not so with mothering. Its quality depends on the uninterrupted mental investment which is always there and enables the mothering person to feel with her child regardless of whether she is with him or away from him. It enables her to wake up and attend to him, though not necessarily cheerfully, at night when he is sick, to drop everything in the kitchen and charge after him into the living room, though not necessarily with a smile, because she sensed an ominous silence which told her he was in trouble, or to feel a twinge of regret and pain when she watches him march off happily on a drugstore expedition with Dad while she stays behind to go about her business on her own.

What affects the mother's and toddler's ability to maintain their relationship during separations?

Experiences in working with mothers and caretakers of infants and toddlers suggest that the following factors contribute significantly. The list is not exhaustive and does not explore their interaction, nor does it attempt to describe the additional effect of events and circumstances in the past and present lives of the mother-child couple, such as illnesses, family constellations, socio-economic conditions, births and deaths of other family members, or even the relative emotional health of mother, child and their relationship. I shall focus specifically on those factors which are directly connected with the mother's, toddler's and caretaker's handling of temporary separations.

First, there is the time factor: How often do the separations occur, how long do they last, and do they include periods of bodily need fulfillment? Mothers and toddlers generally tolerate best separations of a couple of hours in the morning or afternoon, during periods when the toddler is awake and active and does not need to be fed, bathed, dressed, go to sleep or wake up. In other words, when his body is under least stress and his mind functions optimally.

Then there is the place factor: Does the toddler remain in his home during the separation or does he stay elsewhere? And if he stays elsewhere, does the place resemble his home, is it a totally different kind of setting, is he fully familiar with it? And, especially, has the mother been with her toddler in this other place long enough and in such a way that she has experienced everything and everyone there with him, so that he can rely on her full knowledge of him in it and so that she has a complete mental picture of all that happens there with him? And, similarly, is he familiar with where she is and what she does there (visited her place of work, for example) so that he can picture her in her surroundings? Obviously,

it is easier for a child to maintain his concept of self and of mother when he remains in his home, and progressively harder the less home-like the setting is and the less familiar he is with it. Similarly, the more intimately mother and child are acquainted with one another's whereabouts and activities, the easier it is for them to maintain the mutual link and to bridge the gap of separation after reunion.

The factor of shared preparation for the separation and follow-up after it, is important too in that it helps both partners to master the separation. Sudden and unexpected leavings of each other, without a transition period of leave-taking, and uncertain times of reunion, are quite stressful. Many of us know how poorly children react to the mother's "disappearance" and how badly they tolerate her absence when it has no predictable end. We can similarly remind ourselves of how distressed, frantic and furious a mother is when she has unexpectedly lost sight of her child, when he perhaps "disappeared" behind a counter in the department store or when father or an older sibling takes him with them on an errand without letting her know.

This brings us to the factor of who is with the child during the separation: Is it someone mother and toddler both know well, someone with whom they have both shared togetherness, someone who has learned how they are with each other and who therefore carries the trust of their togetherness and becomes a constant reminder of it? And does this person actually receive the toddler from the mother and hand him back to her? This, of course, makes it easiest for mother and child and obtains most often when the child is cared for by a member of the family or by someone in a similarly close relationship with both. Maintaining mental contact with each other becomes much more difficult, even impossible, when the caretaker is relatively or totally unknown to mother or child, when the mother does not personally participate in the transfer of the child to and from the caretaker, or when the child goes from one caretaker to another or even a third one during the separation period. For example, toddlers are often brought to a center by a relative, handed over to an early-duty caretaker, then go on to someone else to join their group, are switched to a next person during nap to allow for the regular caretaker's "break" and, on a late day, are transferred to another special group or are picked up by another family member with whom they stay until mother gets home.

Equally important is the factor, "Does mother stay in charge?" Do mother and child take it for granted that the temporary substitute cares for him at her direction, that she knows about and has sanctioned everything the substitute does with him and the way she does it? Is she called upon to decide what and how things are to be done if there is something unusual ("Would you like Timmy to wear his snowsuit today?" "Do you want him to go outside yet after his recent

cold?")? Does the caretaker report to her what the child did or said and what happened while she was away, and does the mother inform the caretaker of particular events or circumstances that occurred, how they may have affected the child and how the caretaker could help him with them, be it a family upheaval, or his tummy ache the previous night, or a car accident witnessed on the way? When mother remains responsibly in charge, when the caretaker works at her behest and under her direction, the mother-child tie is much safer for both partners than when she hands over her child, in mind as well as in body, and lets others do for him as they see fit and does not even get to know just how they go about his care. Unlike the older school child, the toddler can only share with mother those parts of his life which she already knows. This is not only important in the case of employed sitters or caretakers nor does it concern only "bad" things that the substitute may do to him or with him. It applies just as much to family members and to things they do which the child may like very much but which go against mother's wishes and/or are not cleared with her, for example, staying up late, eating certain foods, playing games or watching TV programs that are usually off limits, to mention but a few of the more harmless indulgences. If the mother has not o.k.d these things, happy ones and unhappy ones, they inevitably burden and threaten the mother-child relationship and affect the role it has to play.

This brings us to the last, but by no means least, factor, the attitude of the caretaker. Does he or she do mother's jobs without taking her place? And does he or she build and use the relationship with the child in such a way as to help mother and child maintain their vital link? This is the hardest part of being a good substitute--to be at one's best by accepting oneself as second best. Early on in my professional training Anna Freud told us that a good child psychoanalyst keeps in mind, feels with and deals with, three facets: the child, the mother, and the mother-child relationship. This applies even more to being a good mother-substitute, especially with a young child. The caretaker's helpful attitude shows itself in so many ways: she understands and supports the child's thinking and feeling for the mother during the latter's absence and reminds him of her when he seems to have shut her out from his mind or seems in danger of forgetting about her; she accepts the child's complaints when she does not come up to par in her handling, does not do as well as mother does; and when she does things that seem to him more fun than what mother does, she reminds him that Mom wanted him to have that fun while she was gone and that they will tell her about it so that she can share it too; when the child welcomes mother on her return, the good sitter accepts being dismissed and when he teases mother on her return, keeps her waiting and wants to do one more thing with the sitter, she tells mother and child that he probably missed Mom a lot and wants to give her a taste of how hard it is to wait for someone we love, that that

matters really more than the extra game with the sitter, and that, anyway, it's really time to be with Mom now. It is a difficult task to be a good sitter, especially when the mother is very far from perfect and when the child is very loving with us. It's hard then to remember that his ability to be so nice with us stems from his relationship with his very imperfect mother. Without that he could not relate to a substitute at all.

A substitute cannot help mother and child to maintain their relationship when she does not have a relationship with each of them herself and is not in feeling touch with them, when she does not know the mother or does not consider her maternal needs, or when she cannot adequately relate with the child, perhaps because she has too many children to look after or because she is only geared to meeting his bodily needs. A substitute also cannot fulfill her true task when she views herself as the mother, be it in the sense of being the child's second mother or even of being his primary mother. This happens in daycare when it considers itself the "home away from home" or sometimes assumes that it is actually the child's primary home because he spends so much of his day there. It happens even more frequently when the mother-substitute is a family member or resident caretaker in the home, a father or grandmother who regularly shares in the toddler's care, or a nanny or housekeeper. Caretakers who take over as mothers usually invest themselves very intensely in the child and feel very close and loving with him, but they leave out the mother and the child's relationship with her or compete with her for the child. They handle the child their own way, may even feel they do a better job at it, they do not keep her in close touch with what they do and with what the child experiences while he is with them, do not readily follow her directions and wishes, and do not support the child's thinking and feeling for his mother during her absence but often welcome his apparent lack of response to being away from mother. And when the child states a preference for being with them they see it as a good sign of his fondness for them rather than as a danger signal of the child's difficulty with loyalty, difficulty in dealing with his anger at mother and difficulty in maintaining his vital relationship with her. Double-mothering is very different from substitute-mothering and poses its own special threats to the primary mother-child relationship.

<u>What happens when separations between mother and toddler overtax their tolerance and adversely affect their relationship</u>?

In the normal course of development toddlers seek out familiar people, enjoy new and special activities with them and form meaningful relationships with them which are maintained in addition to, not

instead of, the primary relationship with the mothering person. Prompted by their as yet unresolved mixed feelings about their mother, toddlers often also seek out or wish for others to be new and better mommies, the proverbial better bread and butter at the Jones'. Sensible mothers and "others" do not allow this actually to happen because they realize that, far from helping the child, it would interfere in his task of coming to terms with his dissatisfactions with his own mother and with the reality of his situation. In the normal course of development, however, there also inevitably arise circumstances in which the mother has to arrange for substitute care during limited periods, at least for such occasions as her own doctor's appointments, an older child's school conference, or a special shopping trip. If these separations are helpfully managed, they are good learning experiences, times when mother and child can test and practice their means of coping. Masterable stresses may serve to build mental "muscles." By contrast, extended repeated separations of mother and toddler tend to become unmasterable stresses for one or both partners and endanger the mother-toddler relationship and the growth which depends on it, especially if they involve double-mothering, multiple-mothering or unhelpful substitute-mothering.

These kinds of interferences are not new or newly prevalent. They are not limited to this country or to specific socio-economic groups. The very affluent in all countries always employed caretakers for their children and still do so; the very poor have always left them with family members or neighbors out of necessity, while mothers helped with farming or later, with industrialization, flocked into factories. Wars and the ravages of epidemics and of economic hardship have always disrupted family lives and mother-child relationships (4, 5). Historic exhibits in one of South Carolina's plantations show pictures of the slaves' day nurseries, a big room supervised by a black daycare worker with many little mats on the floor, each occupied by an infant. This is how the slaves' children spent their days while their mothers were at work, some no doubt providing double-mothering for "the master's" children. All slave cultures were run on similar lines through the ages. And the extended families in many culture patterns fall far short of the imagined ideal we tend to attribute to them. Not only do they involve double and multiple mothering but youngsters are often dropped off at a moment's notice with relatives or friends whom the child does not know, just as in this country children are sometimes sent to grandparents far away who are close with the mother but near-strangers to the child. Indeed, early extended separations and substitute care are not new or limited. What is new is our efforts to understand their effects.

To my knowledge the first scientific inquiry originated with Anna Freud and her co-workers. In Vienna, during the years of extreme depression which there followed the first world war, she ran

a daycare center for toddlers from deprived families. It was called the Edith Jackson Creche, named after the generous American colleague who financed it. The toddlers' day there started with a bath in the early morning. Later, during World War II, Anna Freud and Dorothy Burlingham ran The Hampstead Nurseries in London. They cared for infants, toddlers and preschoolers who were separated from their families to protect their lives during the blitz bombardments and to enable their mothers to participate in the work of the war effort. Again American generosity helped out and the now-famous descriptions of Anna Freud's and D. Burlingham's findings (6, 7) originated for the most part with the monthly reports to the fund-givers, among them this country's Foster Parents Association. Shortly after the war it was again Anna Freud who was sought out to consult with Israeli mental health professionals and educators. They had noted some of the distressing effects on many children raised in kibutzim in which extended substitute-parenting was the rule. More recently, other studies have become available, among them the study of English daycare by Bain and Barnett (8) and in the U.S.A. the related publications by B. L. White (9) and S. Provence, A. Naylor and J. Patterson (10). Among the developmental interferences stressed in these studies are delays and deficits in language development, both during the toddler phase and during the later school years, especially difficulties in using speech for comprehension and communication. Also noted, at the time and in later schooling, are increased aggressive manifestations and difficulty in impulse control. Those who have mainly studied school children, in follow-up, find a prominent tendency to learning problems, characterized by academic performance below intellectual potential, lack of motivation, difficulties in concentration, in ability to invest and enjoy interests and activities and in integrating and using what has been learned. Bain and Barnett also point to "damage or severe interferences in personality development."

My experiences with care of infants and toddlers have taken several forms. They began in the forties, when I cared for youngsters in residential settings, became an ongoing focus of interest for me during the last twenty years. My most detailed data have been gained from the psychoanalytic treatment of 5 school-aged children who had experienced substitute care or double-mothering in their earliest years. With each seen in individual sessions 5 times weekly for about 4 years, their symptoms and personality functioning could be unravelled and traced to their origins. Their early care experiences proved to be important causative factors in their pathology (11). Another source of detailed data were several preschoolers with emotional difficulties who had similar early care experiences and who attended the Hanna Perkins Therapeutic Nursery School. Observations at the school and weekly treatment-via-the-parent sessions with their parents over periods of two and three years enabled us again to relate some of the children's troubles to the effects of earlier care. My colleagues at Hanna

Perkins and at our Center's child analytic clinic also worked with a number of such cases. Through our regular scientific meetings I had a chance to compare data and to extend and confirm findings. At the same time my regular consulting work with daycare centers afforded an opportunity to learn how toddlers, mothers and care-workers respond to these experiences at the time when they are actually taking place and to apply the understanding gained through therapy in the form of preventive educational measures. This work began with my participation in the Home Start Project, a family day-care program under the auspices of the then Cleveland Day Nursery Association. In more recent years our CCRCD responded to community need by offering an ongoing yearly course, "Toddlers in Daycare" which I have taught and learned from. In this course directors and careworkers from about ten daycare centers for toddlers and infants meet with me every other week to discuss the children's development, educational practices, contacts with parents, individual youngsters' difficulties and ways of helping them.

What, then, has it been possible to learn? First of all, it is noteworthy that the observations of toddlers' and mothers' responses to various forms of care confirm the retrospective knowledge gained from the therapeutic work with older children. The personality difficulties which are seen to underlie the older children's problems can be observed as they take shape during toddlerhood, and they manifestly interfere with the toddler's mastery of his developmental tasks even before they contribute to his trouble with later ones. For example, the toddler's difficulty in developing his valued independent self-concept may show in not wanting to take over care of his body, while the older child's similar difficulty interferes with his self-motivation in learning, prevents him from making his learning his own thing and from investing his interests and activities.

Although even during the toddler's process of development a variety of factors interact to produce an interference, it is often possible to pinpoint the effect of substitute care when we can alter it to mitigate the stress and observe the child's responses to such a change. For example, we have noted repeatedly that toddlers who neither recognized nor cared about their own and others' things in a daycare setting, began to treasure their own and respect others' belongings, including the Center's toys and equipment, after they were encouraged to keep one of their mothers' belongings (a scarf, a glove, a coat) which they could carry with them or deposit wherever and whenever they wished to, without anyone interfering. This measure was one of several designed to help the child to maintain his inner tie with his mother and his self. Such instances helped to substantiate the link between the effects of care on toddlers and on later development. Treatment of some of the older children with trouble in caring for and respecting property revealed a connection with early care

experiences, but it was by then harder to isolate this factor from others which had early on and subsequently contributed.

In contrast to other studies which tend to single out several specific areas of difficulty in connection with early care, our findings suggest that any or all areas of personality development may be affected, but especially all those which we have listed as the developmental tasks of the toddler phase and which, as such, form the basis for later growth. This, we must remind ourselves, includes not only many aspects of the development of self and self-esteem but particularly the ability to form and maintain stable caring relationships.

Obviously, not all children suffer or suffer equally. No two individual experiences or personalities are alike, but a sufficient number of them manifest problems or interferences in development to indicate that there is a risk for all.

Can we adapt "care" for toddlers to avoid ill-effects?

The insights gained from therapy and years of work with gifted and dedicated careworkers in our course have enabled us to develop many approaches and measures which have lessened the stress sufficiently for some toddlers to overcome difficulties and have perhaps helped others to avoid potential troubles. We have not been able to follow the children long enough or closely enough to know whether all ill-effects were avoided. We do know that bringing about the many changes in attitudes and procedures which we use is difficult. It makes many demands on the mothers and careworkers, but it also brings them many pleasures and satisfactions and a greater sense of shared effort.

The onus falls on the caretaker. If she is a person who truly enjoys toddlers and feels in tune with them (which, by the way, is very different from being good at relating with preschoolers), she can probably also learn to feel with and understand all the things we have just discussed: when a toddler really is a toddler and can relate to a substitute, what his developmental tasks are, what the mother-toddler relationship is about and the role it plays, how separation may affect this relationship and the many factors that help to bridge the gap during absences. Above all she will appreciate that she is a substitute, that her role with the mother is to help her realize her importance, that her role with the child is to help him maintain his relationship with his mother and to do so in a setting which meets his developmental needs. Given that, she will find the many practical ways which serve to put this attitude into

practice. I shall mention a few such practical measures but want to stress that they work only when they are used within an overall helpful context, not when they are isolated gimmicks.

An initial interview with the mother and her visit of the care center in session, without her child, first serve to listen to her, to get an idea of her expectations and of her understanding of what substitute care will mean to her and her child and to ascertain whether he has mastered the pre-toddler developmental steps. This helps to gauge how best to introduce to her the realities--that her relationship with her child is and needs to remain the most important part of his life, that their separation will inevitably put a stress on this, that the careworker's main task will be to help her child to keep his Mom in his mind and in his heart but that she, the mother, will also need to participate, to help him with his feelings and to cope with his responses which may show in unwelcome ways, like contrariness or sleep troubles or regression in toileting, and that, to start with she will need to free up time to help him with the new experience. This will take at least one or two weeks during which she will be attending with her toddler, starting with an hour or so and gradually extending it to the full period. This will give her a chance to know fully all that happens while he is there and, especially, to get to know his caretaker so that all three of them can begin to relate and trust one another. One skilled director reports that mothers' initial reactions range from "Oh God!" to "No problem" or even "I like that." It is never easy to work out the necessary schedule. Many a letter is sent to mothers' bosses to enlist their cooperation, sometimes by telling them that a mother's comfort in settling in her child helps her ease of mind at work and ultimately makes her a better employee. Most mothers do manage to participate fully and effectively, enjoy being truly welcomed and involved and, after the separation is effected, use many ways of keeping in touch--joining the child for lunch, phoning at certain times, picking him up early whenever possible, accepting and sharing feelings. Many mothers also find ways of shortening the separation period in order, for example, to assure that the child's stay will not exceed his caretaker's work hours and he will not need to be cared for by an additional substitute.

The careworker uses the introductory period to understand the mother-child relationship, their ways of being and doing things together and to learn their language (all careworkers are multilingual because, in addition to special family words for special things, each toddler speaks his own language in words and behavior which usually only his mother really understands). As mother begins to leave, the careworker's main job starts, picking up, supporting and verbalizing the child's feelings about mother's absence and return. It is very difficult for toddlers to sustain feelings without their

mothers, not only feelings about her, though this is the first step. When they are helped to recognize and tolerate their angry, sad, lonely feelings about mother, it helps them to keep the tie with her and to build a relationship with the substitute, and this in turn helps them to tolerate and share feelings about other things, be it a current pain or an event at home. Without help with feelings the toddler survives, but does not function as a person. For some time children may only be able to feel when mother arrives; for example, one careworker noticed that a rather new little boy kept touching his ear. Although his face was bland, she surmised he might be in pain. She told him so, phoned his mother, and he accepted silently her comforting lap. As soon as his mother walked in he ran to her, clung to her and burst into tears. It turned out he had a painful ear infection. This boy could recognize and feel discomfort and seek help, but not yet with a substitute. When mother and caretaker tell one another of the child's experiences with them, each can help the child maintain his appropriate feelings and make them a part of his continuous self. Mother helps similarly by talking about the caretaker at home and supporting his missing feelings about her, especially during holiday breaks or when the worker is ill. Remembrance tokens, such as little toys, from the center to home, are a useful concrete link.

A steady rhythm of daily and weekly activities helps youngsters to gauge when to expect mother's return as well as the leaving of the center for the weekend. It develops their sense of time and helps them master the changes; for example, "Now it's lunch, then it's rest, then it's music, then Mommy comes," or "Today is wash day, then is take-home-your-bags day, then is weekend-stay-at-home day." Transitions from and to mother are the hardest times for everyone. They are the times when loyalty conflicts and stored up feelings on the child's part surface, and when tensions between mother and caretaker about their respective roles with the child become most touchy. Good caretakers look out for these times and help and support the mother when she is "on the spot." When little Janie had a spell of really giving her mother the business at pick-up time, the careworker did not take over and do it "better," did not pretend to ignore it, did not even just stand by and watch. She caught the runaway Janie at the door and handed her over, then called mother up in the evening and said, "I am sorry that Janie still shows in this way how much she missed you. She really makes it very awkward for you. How would you best like me to help at these times? Let's think it through together and work out a plan."

When mothers feel in charge and respected, they also respect the caretaker, watch and learn from her ways of handling children, ask for advice, want to share concerns and talk them over. These are not opportunities for posing as the "expert" but for listening,

for sharing what "other mothers sometimes do" or what "we have found helpful at the center," or, if necessary, for paving the way toward suggesting professional assistance, preferably with someone directly or indirectly connected with the center.

But what about the care setting, its equipment and opportunities for intellectual stimulation? One then-new member of our course who was planning to open a new daycare facility, asked for suggestions for toys and apparatus. The experienced careworkers were unanimous. "Ask your mother and aunts and neighbors for all their spare kitchen and household utensils, their pots and pans and plastic containers, their old spools and jar tops. That's what you will really need." They were basically right. Create as homelike an atmosphere as possible and help the toddler explore and understand his world which is the home. His best "field trips" are the kitchen, the laundry, the broom closet, and let him do things there, if at all possible. Toys and materials are best introduced singly and slowly, in keeping with individual children's readiness and the caretaker's ability to play and do with them. It's through the shared pleasure of the loved one that skills and activities gain lasting investment. This brings us to the most important aspect of the "curriculum:" Have as few children as possible to one adult. After all, a mothering person has her hands full with one toddler, just because he needs all of her.

We can tell that a youngster is mastering the stress of substitute care when he pursues his developmental tasks with zest and self-motivation and enjoys his achievements with his loved ones, with the mother and with the mother-substitute.

<u>What about mothers who have great difficulty in mothering, difficulty in feeling with their children, difficulty in helping them with developmental steps</u>?

Obviously we cannot change people nor can we serve everyone. We can only do our best to help those who want to work with us. "Our best" in such cases, however, is not to focus on the child and give up on the mother or to discount her importance for the child. The more tenuous and burdened the mother-child relationship is, the more important it is for the substitute to help the toddler maintain it and to underline its positives. A mother who has even just managed to help her child live to be a toddler, must have devoted a considerable amount of effort and care to the task, prepared many meals, changed many diapers, got up many nights. In some such cases the most helpful approach is to admit mother and child to the center, support her care for him there and let her help with and join in the activities. A number of mothers could in this way be helped to feel worthwhile and invest their children more lovingly.

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